

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006128

**FILED**  
**Apr 24, 2004**  
**Secretary of State****Entity Name:** THE M.O.R.G.A.N. PROJECT, INC.**Current Principal Place of Business:**3830 S. HIGHWAY A-1-A  
SUITE C-4, #153  
MELBOURNE BEACH, FL 32951**New Principal Place of Business:****Current Mailing Address:**3830 S. HIGHWAY A-1-A  
SUITE C-4, #153  
MELBOURNE BEACH, FL 32951**New Mailing Address:****FEI Number:** 59-3744749**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MALFARA, ROBERT C  
3830 S. HIGHWAY A-1-A  
SUITE C-3, #153  
MELBOURNE BEACH, FL 32951 US**Name and Address of New Registered Agent:**MALFARA, ROBERT C  
3830 S. HIGHWAY A-1-A  
SUITE C-4, #153  
MELBOURNE BEACH, FL 32951 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

04/24/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MALFARA, ROBERT  
Address: 4947 IDLE HOUR CT  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD ( ) Delete  
Name: JEAVONS, SHARON  
Address: 99 CHIOU DRIVE  
City-St-Zip: GRISWOLD, CT 06351

Title: TD ( ) Delete  
Name: MALFARA, KRISTEN  
Address: 4947 IDLE HOUR CT  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD ( ) Delete  
Name: HART, ANGIE  
Address: 299 HERITAGE ST  
City-St-Zip: PALM BAY, FL 32908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MALFARA

PD

04/24/2004

Electronic Signature of Signing Officer or Director

Date